

| THE DIVISION OF HEALTH OF MISSOURI<br>STANDARD CERTIFICATE OF DEATH   |  |  |  | 58-024204<br>STATE FILE NUMBER   |  |  |  |
|---|--|--|--|--|--|--|--|
| <b>XC-9 299 712</b><br><b>CF: St. Louis, Mo.</b><br><b>FILED JUN 24 1958</b>  |  |  |  | <b>317</b> Primary Registration District No. <b>500</b> Registrar's No. <b>1532</b>  |  |  |  |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>ST. LOUIS</b>  |  |  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>JEFFERSON BARRACKS, MO.</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                       |  | c. CITY OR TOWN <b>ST. LOUIS</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   |  |
| <b>36</b> c. FULL NAME OF (If NOT in hospital, give location)<br><b>HOSPITAL OR INSTITUTION VETERANS ADM. HOSP.</b>   |  | Length of stay in lb<br><b>111 DAYS</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>2709 N. WHITTIER</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  |  |
| <b>3. NAME OF DECEASED</b> First Middle Last<br><b>JAMES E. STONE</b>   |  |  |  | <b>4. DATE OF DEATH</b> Month Day Year<br><b>June 3, 1958</b>  |  |  |  |
| <b>5. SEX</b><br><b>MALE</b>  |  | <b>6. COLOR OR RACE</b><br><b>NEGRO</b>  |  | <b>7. MARRIED</b> <input type="checkbox"/> <b>NEVER MARRIED</b> <input type="checkbox"/><br><b>WIDOWED</b> <input checked="" type="checkbox"/> <b>DIVORCED</b> <input checked="" type="checkbox"/> |  | <b>8. DATE OF BIRTH</b><br><b>2-20-98</b>  |  |
| <b>9. AGE</b> (In years last birthday)<br><b>60</b>   |  | <b>10. USUAL OCCUPATION</b> (Give kind of work done)<br><b>REFRIGERATION &amp; AIR CONDIT. SERVICE MAN</b> |  | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>RUSSELLVILLE, KENTUCKY</b>   |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>USA</b>  |  |
| <b>13a. FATHER'S NAME</b><br><b>JOSEPH STONE</b>  |  |  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>LAURA MC CURDY</b>  |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>DIVORCED</b>  |  |
| <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><b>YES</b> <b>WW2</b>   |  |  |  | <b>16. SOCIAL SECURITY NO.</b><br><b>407-14-1863</b>   |  | <b>17. INFORMANT</b> Address<br><b>VA HOSPITAL RECORDS, JEFFERSON BARRACKS, MO.</b>                                    |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)<br><b>PART I. DEATH WAS CAUSED BY:</b><br><b>IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIO-VASCULAR DISEASE</b>              |  |  |  |  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>4 Yrs.</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>DUE TO (b)</b><br><b>DUE TO (c)</b>   |  |  |  |  |  | <b>443X</b>  |  |
| <b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</b><br><b>ENCEPHALOPATHY, HYPERTENSIVE (3 Yrs)</b>                 |  |  |  |  |  | <b>19. WAS AUTOPSY PERFORMED?</b><br><b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> |  |
| <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>  |  |  | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)          |  |  |  |  |
| <b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year  |  |  | <b>20d. INJURY OCCURRED WHILE AT</b> <input type="checkbox"/> <b>NOT WHILE WORK</b> <input type="checkbox"/> |  |  |  |  |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |  | <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE   |  |  |  |  |
| <b>21. attended the deceased from</b> <b>2-12-58</b> to <b>6-3-58</b><br><b>Death occurred at</b> <b>11:30 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |  |  |  |  |
| <b>22a. SIGNATURE</b><br><b>W. OPPLER, M.D., Director Professional Svcs.</b>  |  |  |  | <b>22b. ADDRESS</b><br><b>VA Hospital, Jefferson Brks., Mo.</b>  |  | <b>22c. DATE SIGNED</b><br><b>6-3-58</b>   |  |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>   |  | <b>23b. DATE</b><br><b>JUNE 10 1958</b>  |  | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>NATIONAL CEMETERY</b>  |  | <b>23d. LOCATION (City, town, or county) (State)</b><br><b>JEFFERSON BARRACKS MO.</b>                                  |  |
| <b>24. FUNERAL DIRECTOR</b><br><b>C.B. Koence</b>   |  | <b>ADDRESS</b><br><b>1221 N. Highland</b>  |  | <b>25. DATE RECD. BY LOCAL REG.</b><br><b>6-8-58</b>   |  | <b>26. REGISTRAR'S SIGNATURE</b><br><b>Herbert P. Danke, M.D.</b>  |  |

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
 by me, or by (copy & ) \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Melvin Blackman  
 Licensed Embalmer No. 3967  
 P. O. Address 1221 N. 9th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.